



## Supplemental Application Data Sheet

### APPLICATION INFORMATION

Application Number:: 10/680,313  
Filing Date:: October 6, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks:  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: GENE SHINC-1 AND DIAGNOSTIC AND  
THERAPEUTIC USES THEREOF  
Attorney Docket Number:: 224384  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: Yes  
Latin Name::  
Variety denomination name::  
Petition Included?::  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Usha  
Middle Name::  
Family Name:: KASID  
Name Suffix::  
City of Residence:: Rockville  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 7212 Dubuque Ct.

City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20855

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: JP  
Status:: Full Capacity  
Given Name:: Isamu  
Middle Name::  
Family Name:: SAKABE  
Name Suffix::  
City of Residence:: Washington  
State or Prov. of Residence:: DC  
Country of Residence:: US  
Street of mailing address:: 1930 North Calvert, Apt. 303

City of mailing address:: Washington  
State or Province of mailing address:: DC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20057  
Inventor Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Simeng  
Middle Name::  
Family Name:: SUY  
Name Suffix::  
City of Residence:: Richmond  
State or Prov. of Residence:: VA  
Country of Residence:: US  
Street of mailing address:: 1808 Windsordale Drive

City of mailing address:: Richmond  
State or Province of mailing address:: VA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 23225  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: IN  
Status:: Full Capacity  
Given Name:: Deepak  
Middle Name::  
Family Name:: KUMAR  
Name Suffix::  
City of Residence:: Arlington  
State or Prov. of Residence:: VA  
Country of Residence:: US  
Street of mailing address:: 1530 12<sup>th</sup> Street North, Apt. 805

City of mailing address:: Arlington  
State or Province of mailing address:: VA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 22209  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: Imran  
Middle Name::  
Family Name:: AHMAD  
Name Suffix::  
City of Residence:: Wadsworth  
State or Prov. of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 4731 West Pebble Beach Dr.

City of mailing address:: Wadsworth  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60083

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

#### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460

Representative Designation::      Registration Number::      Representative Name::

## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/US02/10849	April 8, 2002
PCT/US02/10849	PCT of	60/281,779	April 6, 2001

## FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
			Yes
			Yes
			Yes

## ASSIGNEE INFORMATION

First Assignee name:: Georgetown University  
Street of mailing address:: 37<sup>th</sup> & O Streets NW

City of mailing address:: Washington

State or Province of  
mailing address:: D.C.

Country of mailing  
address:: US

Postal or Zip Code of  
mailing address:: ~~22209~~ 20057

Second Assignee name:: NeoPharm, Inc.  
Street of mailing address:: 150 Field Drive, Suite 195

City of mailing address:: Lake Forest

State or Province of  
mailing address:: IL

Country of mailing address::	US
Postal or Zip Code of mailing address::	60045